

APPENDIX K

SNPLMA PROJECT MODIFICATION REQUEST FORM

Project Name: _____ **Agency:** _____

Project #: _____ **Priority #** _____

Prepared by: _____ **Phone:** _____ **Date:** _____

PROPOSED MODIFICATION: Check all that apply:

☐ **Change of Scope*** ☐ **Time Extension** ☐ **SAR* Funds** ☐ **BRA Funds ***

*For change of scope, SAR or Budget Reallocation (BRA) fund requests please also include a revised Necessary Expense Estimate Sheet

Please respond to the following:

Description and approved funding of original nomination:

Change Description:

Rationale/Justification:

IMPACT REVIEW (Describe how this change will affect the other aspects of the project?)

Technical Impact/Resource Impact:

Budget Impact:

Schedule Impact:

Performance Impact:

Contract Impact:

Provide Map if Project is Phased

Signature _____ Date _____

Title _____